

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

14 FEB -3 PM 1:11
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Dr. Monica Wehby for U.S. Senate

ADDRESS (number and street) ▼

PO Box 3375



Check if different than previously reported. (ACC)

Portland

OR

97208

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00550996

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

OR

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD /

MM / DD /

MM / DD /

in the State of

MM / DD /

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD /

MM / DD /

MM / DD /

in the State of

MM / DD /

5. Covering Period

MM / DD / YYYY
01 / 01 / 2013

MM / DD / YYYY
01 / 01 / 2013

MM / DD / YYYY
01 / 01 / 2013

through

MM / DD / YYYY
12 / 31 / 2013

MM / DD / YYYY
12 / 31 / 2013

MM / DD / YYYY
12 / 31 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Bryan Burch

Signature of Treasurer

Date

MM / DD / YYYY
01 / 26 / 2014

MM / DD / YYYY
01 / 26 / 2014

MM / DD / YYYY
01 / 26 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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(Revised 02/2003)